

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Lester Wagner</u>	COURT CASE NUMBER <u>3:20-CV-430-TAV-HBG</u>
DEFENDANT <u>Tammy Reagan</u>	TYPE OF PROCESS <u>Summons in Civil Action</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Tammy Reagan, Administrator, Claiborne County Detention Center</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>415 Straight Creek Rd, New Tazewell, TN 37825</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Lester Wagner #429507</u> <u>Bledsoe County Corr. Complex</u> <u>1045 Horseshoe Rd</u> <u>Pikeville, TN 37367</u>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <u>N/A, hours between 7:00am thru 4:00 pm Monday thru Friday</u>	

Signature of Attorney or Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE <u>11/3/2020</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	
Service Fee _____	Total Mileage Charges (including endeavors) _____	Forwarding Fee _____	Total Charges _____	Advance Deposits _____	Amount owed to U.S. Marshal* or (Amount of Refund*) _____

REMARKS

UNITED STATES DISTRICT COURT  
for the

Lester Wagner  
Plaintiff(s)  
v.

Civil Action No. 3:20-cv-430-TAV-HBG

Busty Loza and  
Tammy Reagan  
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Tammy Reagan  
Claiborne County Detention Center  
415 Straight Creek Rd  
New Tazwell, TN 37825

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Lester Wagner #429507  
Bledsoe County Corr. Complex  
1045 Horsehead Rd  
Pikeville, TN 37367

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 11/10/2020



CLERK OF COURT

John Medaris  
Signature of Clerk or Deputy Clerk

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Tammy Reagan, Jail Administrator  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

Availble At: Claiborne County Detention Center  
Monday thru Friday  
7:00am thru 4:00pm

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Lester Wagner</u>	COURT CASE NUMBER <u>3:20-CV-430-TAV-HBG</u>
DEFENDANT <u>Rusty hoza</u>	TYPE OF PROCESS <u>Summons in Civil Action</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> <u>Rusty hoza, LPN, Claiborne County Detention Center</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>415 Straight Creek Rd., New Tazewell, TN 37825</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<u>Lester Wagner #429507</u>	
<u>1045 Horsehead Rd</u>	
<u>Pikeville, TN 37367</u>	
Number of process to be served with this Form 285 <u>1</u>	
Number of parties to be served in this case <u>2</u>	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Lester Wagner Monday thru Friday  
7:00am thru 4:00pm

Signature of Attorney or Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE <u>11/3/2020</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
_____	_____	_____	_____	_____	_____

REMARKS

UNITED STATES DISTRICT COURT  
for the

Lester Wagner

Plaintiff(s)

v.

Civil Action No. 3:20-CV-430-TAV-HB

Rusty Hoza and

Defendant(s)

Tammy Reagan

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Rusty Hoza  
Claiborne County Detention Center  
415 Straight Creek Rd.  
New Tazwell, TN 37825

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Lester Wagner #429507  
Bledsoe County Corr. Complex  
1045 Horsehead Rd  
Pikeville, TN 37367

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 11/10/2020



CLERK OF COURT

John M. McManis

Signature of Clerk or Deputy Clerk

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Rusty hoza, LPN/Mtg  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

Availble At: Claiborne County Detention Center  
Monday thru Friday  
7:00am thru 4:00pm

Lester Wagner # 429507  
Bedloe County, Conn. Complex  
1045 Horsehead Rd.  
Pikeville, TN 37367

CHATTANOOGA TN 373  
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"Legal Mail"

RECEIVED

NOV 09 2020

Clerk, U.S. District Court  
Eastern District of Tennessee  
At Knoxville

Eastern District of Tennessee  
Office of the Clerk  
United States District Court  
800 Market St., Suite 130  
Knoxville, TN 37902

37502-230330

